PACKAGE LOCATOR FORM

Student's Name: _____

VU Box #: _____

Cell #: _____

Email:_____

Today's Date: _____

Package Arrival Date: _____

Tracking #: _____

_____

Staff Name: _____

OFFICE USE ONLY

Package Located On: _____

Student Notified: Y ❑   N ❑

Case Closed: Y ❑   N ❑